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ABSTRACT

With a clear focus on the needs of consumers in Montana, the task force for the Commissioner of Higher Education developed recommendations for nursing education that address access, articulation, and diversity. In its needs assessment, the task force determined that there is currently a shortage of licensed nursing personnel in Montana and that the shortage can reasonably be expected to escalate in the foreseeable future. The task force also finds that educational mobility within the state is lacking and that upwardly mobile nurses are leaving Montana to further their education. The task force reviewed a wide range of options for nursing education and developed full consensus on the plan of action as outlined in this report. The plan calls for: (1) clarity of focus on the consumer: students, employers, and patients; (2) articulation: based on a common core and sequence of nursing courses, and agreement on competencies to be demonstrated for exit from education/entry to service or further education; (3) differentiation of the work of nurses at all levels-Baccalaureate RN, Associate RN, and Licensed Practical Nurse--based on respect for all levels of nursing and on the core competencies; and (4) partnerships at a variety of levels between educational programs and between education, service, and regulation. (VWC)

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ED 437 097

MUS Task Force on the Future of Nursing Education in Montana

A STATEWIDE LOOK AT THE PREPARATION OF NURSES FOR THE 21ST CENTURY

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Prepared on behalf of the task force
for the Commissioner of Higher Education,
by Mary Peterson
June, 1998

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EXECUTIVE SUMMARY

The Commissioner convened a task force made up of representatives of nursing education, service and regulatory agencies to develop a coordinated plan for nursing education within and beyond the MUS. With a clear focus on the needs of consumers in the state, the task force developed recommendations for nursing education that address access, articulation and diversity.

In its needs assessment, the task force determined that there is currently a shortage of licensed nursing personnel in Montana and that the shortage can reasonably be expected to escalate in for the foreseeable future. Both the severity and impact of the shortages vary by nursing education/skill level and the type of health care setting affected. The task force also finds that educational mobility within the state is lacking and that upwardly mobile nurses are leaving Montana to further their education.

The task force reviewed a wide range of options for nursing education and developed full consensus on the plan of action symbolized on the cover and outlined in this report. The plan calls for:

- clarity of focus on the consumer: students, employers and patients
- articulation: based on a common core and sequence of nursing courses, and agreement on competencies to be demonstrated for exit from education/entry to service or further education
- differentiation of the work of nurses at all levels--Baccalaureate RN, Associate RN, and Licensed Practical Nurse--based on respect for all levels of nursing and on the core competencies
- partnerships at a variety of levels between educational programs and between education, service and regulation.

Specific recommendations for nursing education are as follows:

1. All Montana practical nursing programs should begin awarding the Associate in Applied Science degree within the next decade.
2. All Montana associate degree RN programs should award the Associate in Science degree.
3. Each separate level of nursing education--practical nursing, associate degree, and baccalaureate --should adopt a common core of nursing content and sequence of nursing courses designed to facilitate credit transfer laterally and vertically within the system.

4. Each associate degree RN program should partner with a baccalaureate nursing program, with the goal of making baccalaureate education accessible at each associate degree program site.

5. Baccalaureate programs should work actively to promote educational mobility through articulation partnerships with associate degree and practical nursing programs.

6. MSU - Bozeman should investigate the possibility of an RN to Master's program.

BACKGROUND

Charge to the Task Force

In January 1998, Richard Crofts, Commissioner of Higher Education, established a task force charged with the development of a plan for achieving a coordinated approach to nursing education within the Montana University System while at the same time acting in consideration of nursing education programs in Montana institutions outside the MUS. The plan should:

- define the role and purview of each unit,
- ensure educational mobility for current and prospective nurses,
- address issues of access to programs, both geographically and through telecommunications and distance education, and
- result in consistency of nursing education and licensure.

"The ultimate goal of the program," Crofts wrote, "will be to ensure that Montana has an educated nursing workforce whose quality and quantity are geared to the health care needs of Montanans."

Composition

The task force brought together an unusually diverse group, representing not only nursing education programs but health care providers and professional associations as well. Its membership included:

Stuart Knapp, Deputy Commissioner of Higher Education (Chair) Lea Acord, MSU - Bozeman College of Nursing Dick Brown, Montana Hospital Association Jacque Dolberry, Salish Kootenai College Joanne Dotson, Bureau of Family and Community Health, DPHHS	Connie MacKay, MSU COT - Great Falls Mary Jo Mattocks, Benefis Health Care Center, Great Falls Kathy Okland, Montana Organization of Nurse Executives Judy Peterson, Montana Hospital Association Mary Peterson, MSU - Bozeman College of Nursing Karen Pollington, Northern Montana Hospital

Maura Fields, North Valley Hospital, Whitefish Rita Harding, Indian Health Service Nancy Heyer, Partners in Home Care, Missoula Martha Jones, Montana LPN Association Lynda Kendall, UM COT - Helena Gloria Larson, Bozeman Deaconess Hospital Laura Lenau, Miles Community College Suzanne Lockwood, MSU - Northern	Barb Prescott, Montana Advanced Practice RN Association Maureen Quinn, Carroll College Audrey Connor-Rosberg, MSU COT - Billings Karen VanDaveer, UM COT - Butte Margaret Wafstet, UM COT - Missoula Dianne Wickham, Montana State Board of Nursing Natalie Willumsen, President, Montana Nurses Association

Scope of Review

Accepting the Commissioner's charge to formulate recommendations for nursing education in Montana, the task force identified the following special considerations to be emphasized:

- accessibility
- articulation
- diversity, and
- responsiveness to the needs of consumers.

The task force reviewed Montana's five certificate programs in practical nursing, three associate degree programs leading to licensure as an RN, and three baccalaureate degree programs leading also to licensed practice as an RN. Although certified nurses aide (CNA) education was not within the formal purview of this task force, some consideration of CNA education was unavoidable as the group developed its overall recommendations for nursing education.

Significant groundwork had been done by two predecessor groups: NEAT, the statewide Nursing Education Articulation Team, and the MSU Nursing Education Task Force. The MUS task force was able, therefore, to build on existing work by these groups, rather than reinventing the wheel. Task force members also reviewed work done in other states, as well as at regional and national levels, related to educational mobility, articulation, entry-into-practice, and differentiated practice.

Definitions

Articulation: A process through which nursing programs cooperate to facilitate educational progress of students with minimal repetition. (Colorado Nursing Articulation Model)
Educational mobility: A process whereby individuals complete formal or informal educational offerings to acquire additional knowledge and skills. To the extent possible, educational mobility should build on previous learning without unnecessary duplication and be focused on outcomes. (American Association of Colleges of Nursing)
Differentiated practice: A philosophy that structures roles and functions of nurses according to education, experience and competence. (Koerner, 1992)

Throughout its review, the task force remained *focused on the needs of consumers.* For purposes of this review, the term 'consumers' includes (1) students, who are the consumers of education programs, (2) employers, who are

the consumers of the products of those programs, and (3) patients/clients, who are consumers of health care in the state of Montana. This external focus grounded the work of the task force, clarifying and unifying the disparate needs of participant groups.

In its deliberations, the task force made a conscious decision to value all levels of nursing practice. This mutual valuing of differential roles and competencies is at the core of the task force recommendations for nursing education. It is important to note that the task force did consider many possible options, some of which would have called for the simplification of nursing education to two basic levels, accompanied by a concomitant reduction to two levels of practice. Although professional nursing associations have been on record as favoring this approach for a number of years, only one state (North Dakota) has adopted a plan for two-level entry. The task force considered this path, but for the reasons outlined in this report, reaffirmed its commitment to three levels of nursing education and formulated a plan to work toward differentiating the work of the three levels of nursing as the *preferred future for nursing* in Montana.

It is also worth noting that the work of this task force attracted national attention, as groups with an interest in nursing education and entry-into-practice issues attempted to weigh in with mailings targeted to some or all task force members. To the extent that these contacts provided unbiased data, they were useful to the task force, whose focus nevertheless remained on the needs of Montanans.

Finally, in view of the fact that several previous attempts to standardize nursing education in the state had not been fully successful, the task force concluded that, in order to *produce results that would benefit consumers* in Montana, members would need to look beyond nursing education--to nursing practice and regulation. They adopted the following vision statement, intended to guide further work in this area:

Vision

Nursing education in Montana will work collaboratively to meet the needs of students, employers and patients by ensuring that Montana has an educated nursing workforce whose quality and quantity are geared to the health care needs of Montanans. For nurses at any level who may wish to further their education, programs will be articulated to provide maximum access with minimal duplication. Education, service and regulation will work in partnership to promote differentiated practice, based on respect for the competencies of nurses at all levels of education.

The task force met five times between January and May, 1998.

NEEDS ASSESSMENT

Montana's Nursing Workforce

The task force reviewed available data on nursing workforce projections, both at the national and state levels, and conducted its own survey of health care providers in the state. With assistance from the Montana Hospital Association (MHA), the task force sent a survey to 197 hospitals, nursing homes, home health care providers, public health departments and Indian Health Service offices.

Despite an extremely short turnaround time (one week), 77 responses were received, for an overall response rate of 39%. Hospitals are well represented in the sample, with 62% of all hospitals in the state responding, while nursing homes and home health care providers each had a 48% return rate. Public health, with only six respondents, was poorly represented in the sample. In all but a few items, the number of responses related to Advanced Practice Nurses (APNs) was so limited as to preclude drawing conclusions related to this level of education. The survey did not address the CNA discipline, nor did it address in a substantial way the issue of unlicensed assistive personnel. Because provider profiles were incomplete and because many respondents provide multiple services, aggregate data were not as clean as the educators would have liked. All in all, it must be recognized that the margin of error in the findings of the survey is potentially substantial.

Nevertheless, the survey cast much-needed light on the current state of nursing in Montana and changes educators can anticipate in the near future. It provided a springboard for discussion among a diverse and knowledgeable group. Most importantly, the survey set the stage for the fundamental decision of the task force to move toward *differentiated nursing practice*, which is in keeping with national trends.

The data tabulated below establish a baseline from which corresponding data on projected trends can be viewed. They also reflect recent changes, e.g., in the practice scope of LPNs, who now can serve as charge nurses and are therefore increasingly sought to fill positions in a variety of settings. In nursing homes, the ratio of LPNs to RNs is approaching 1:1, with RNs more likely to be brought onto management teams. Both in nursing homes and in home health, task force members postulate a gradual but steady growth curve in demand for RN's and a sharper one for LPNs, mirroring the exodus of patients from acute care settings. The sharpest growth curve for RN's is in community-based practice settings, as decreased hospital stays increase the acuity of home health, and as an aging population presents more chronic illness. In rural areas (reflected in the small provider categories above), less change in practice demands is evident but the perceived shortage of nursing personnel is most acute.

Current Patterns of Utilization of Nursing Personnel in Montana		
Type of facility	**Avg. # LPNs employed**	**Avg. # RNs employed**
small hospital (avg. 15 beds, n=29)	3 (76% use LPNs)	12
large hospital (avg. 100 beds, n=10)	22 (90%use LPNs)	95
small nursing home (n=20)	5	6
large nursing home (n=28)	7	11
home health provider (n=26)	2 (58% use LPNs)	6 (88% use RNs)
outpatient/clinic setting (n=34)	4 (47%use LPNs)	7 (62% use RNs)

While nursing shortages are projected across the nation in the future, ***significant numbers of Montana health care providers are already experiencing shortages of nurses***. Nearly one-fourth (23%) of respondents reported a shortage of LPNs, with 36% of large nursing homes feeling the pinch. Closer to one-half (42%) of the respondents are already experiencing a shortage of RNs, including 50% of large hospitals.

When asked to specify by skill level the kinds of shortages they expect, respondents' concerns reflect the ***shifts in nursing roles*** which are already occurring. The chart at left shows the percentage of providers in each category who expressed concern about the availability of nursing personnel at different education levels, over the next three to five years. Task force members also expressed concern about the ***maldistribution of nurses in rural areas.***

Most Montana health care providers are anticipating ***major changes in the delivery of patient care***, but providers in urban areas report more impact than those in rural areas. While only 48% of small hospitals responded 'yes' to this item, 70% of the larger hospitals and 53% of outpatient/clinic settings did so. Respondents identified cost and reimbursement factors as the primary forces driving change, but they also registered demographic shifts, technology and the availability of nurses as other relevant factors. They did not, however, anticipate that non-nursing professionals would be able to provide services currently offered by licensed nurses.

Task force members noted the ***differential escalation of nursing shortages by level and setting***. For example, shortages of LPNs can be expected to escalate most in nursing home and home health settings. In small hospital and nursing home settings, employers are very concerned about finding RNs at the Associate as well as baccalaureate level, while larger employers are more worried about finding baccalaureate-prepared nurses than associate degree nurses to fill RN positions in the next few years. In part, this reflects the shift of RNs into community-based practice settings.

The ***trend toward differentiation by educational level*** became even more pronounced when respondents were asked whether they anticipated adding services that would require more nurses at a given level, as indicated by the chart on the previous page. For example, as large hospitals add services that will complement the acute care they provide, at least half anticipate needing more nursing personnel at all levels. Advanced practice nurses figure prominently in these plans. Larger nursing homes will be looking for more LPNs than associate degree RNs, and job prospects for baccalaureate-prepared nurses look promising across the board.

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The Nation's Nursing Workforce

Findings and conclusions of the MUS Task Force survey are congruent with national data and trends, where nursing enrollments are falling even as the demand for RNs is increasing across all health care delivery settings.

There are 2.5 million Registered Nurses in the USA; 83% are employed in nursing.

In 1996, 60% of RNs worked in hospital settings, down from 66% in 1992.

During the same period, hospitals increased the total number of nurses they employ, adding community-based, hospital-affiliated services.

The average RN is 44.3 years old; only 9% are under 30 years old, and the average age of a new RN graduate is 28.

In 1997-98, undergraduate enrollment in nursing fell by 6.6%, while graduate nursing enrollments grew by 1.6%, as compared with the prior year.

By 2006, 21% job growth is predicted for nursing, as compared with 14% average for all professions.

By 2010, demand for RNs will outstrip the supply nationwide; growth in demand is estimated at double the growth in supply by that year.

Between 1995 and 1997, the number of RNs graduating annually from BSN completion programs tripled, increasing from 3,700 to 11,000 per year.

To ensure an adequate supply of nurses for changing care delivery environments, the federal Division of Nursing (DHHS) recommends ***restructuring the workforce***, calling for two-thirds of the nursing workforce to be at least baccalaureate-prepared by 2010. Currently, 31% of RNs hold the baccalaureate degree.

In 1995, the Pew Health Professions Commission recommended reducing the number of diploma and associate degree nursing programs nationwide by 10-20%. The Commission noted, however, that certain geographic areas of the nation are underserved by nursing education. The Commission also recommended:

1. recognizing the value of multiple entry points to professional practice
2. consolidating professional nomenclature so that there is a single title for each level of nursing preparation and service

3. ***distinguishing between the practice responsibilities of different levels of nursing***, focusing associate degree RNs on entry level hospital setting and nursing home practice, baccalaureate on the hospital based care management and community based practice, and master's degree for specialty practice in the hospital and independent practice as a primary care provider

4. strengthening existing career ladder programs

5. encouraging the expansion of master's level nurse practitioner programs

6. developing new models of integration between education and care systems

Also in 1995, the American Organization of Nurse Executives, the American Association of Colleges of Nursing, and the National Organization for Associate Degree Nursing jointly produced a model for ***differentiated nursing practice***. The model bases nursing education on core values, competencies and roles defined for RNs at each level. It is based in large part on the Healing Web project initiated in South Dakota.

In March 1998, the American Association of Colleges of Nursing released a revised position statement on ***educational mobility*** in nursing, calling for collaboration among nursing programs and greater use of statewide and regional articulation models. In May 1998, AACN released a revised edition of Essentials of Baccalaureate Education, which redefines the role and core competencies of baccalaureate-prepared nurses in today's health care environment.

These national initiatives provided a framework for the task force to examine the viability of various options for standardizing nursing education in the state. Several members of the task force have held leadership roles at the national level, and their expertise provided both a reality check and a focus for discussions in the group. In the next phase of work, the task force envisions building on existing education models, such as AACN's Baccalaureate Essentials and the Colorado articulation model, as well as practice models such as the Healing Web and its successors.

NURSING EDUCATION IN MONTANA

Overall, Montana employers expressed satisfaction with the educational preparation of the nurses they employ. Educational mobility within the state is lacking, however, as nurses who wish to upgrade their skills frequently go out of state because nursing career ladder programs within Montana are not sufficiently accessible. Even continuing students who move within the state are apt to find very little possibility of nursing credit transfer from one program to another. This *loss of upwardly mobile nursing students* represents not only a loss of revenue for

the Montana University System; it also increases the likelihood that energetic, upwardly mobile nurses from Montana will find employment outside the state.

The recommendations outlined below for each level of nursing education are designed to stem the outflow of students seeking opportunities for educational mobility, as nursing education becomes more accessible within the state. ***By promoting standardization and articulation through partnerships--between educational programs and between education, service and regulation--the task force's recommendations promote mobility, access and diversity.***

MONTANA NURSING PROGRAMS - Current

Location	Credential/ Degree	Credit Hours	Student Completions AY 97**	Oversight
Practical Nursing Programs				
MSU COT- Billings	Certificate	70	32	State Board of Nursing (SBON)
UM COT - Butte	Certificate	56	28	SBON
UM COT - Helena	Certificate	54	25	SBON
UM COT - Missoula	Certificate	54	38	SBON
MSU COT - Great Falls	Certificate	67	23	SBON
Associate Degree Nursing Programs				
Miles City Community College	AAS	70	24	SBON, National League for Nursing (NLN)
Salish-Kootenai College*	AS	66	17	SBON, NLN
MSU - Northern	AS	72	58	SBON, NLN
Baccalaureate Degree Nursing Programs				
Carroll College*	BA	126	26	SBON, NLN
MSU - Northern BSN completion program for ASRN's	BS	120	23	NLN
MSU - Bozeman Generic program and BSN completion for ASRN's	BS	120	106	SBON, NLN, Commission on Collegiate Nursing Education (CCNE)
Master's Degree Nursing Programs				
MSU - Bozeman: Family Nurse Practitioner Program	MN	63	14	NLN, CCNE
MSU - Bozeman in collaboration w/ MSU - Billings: Health Care Administration (new interdisciplinary program)	MN/MHA	43-59	--	CCNE, Accrediting Commission on Education for Health Services Admin. (ACEHSA)

*Not under the jurisdiction of the Montana University System.

** Source: IPEDS Completion Report, AY 97, courtesy of OCHE.

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Practical Nursing (LPN)

Currently, Montana has five certificate-based practical nursing programs that qualify students to sit for the National Council Licensure Examination for Practical Nurse (NCLEX-PN). These programs range from 54 to 70 credit hours and take three to four semesters to complete. There is considerable variation among the programs in terms of prerequisites, retention rates and success rates on the licensure exam.

One programs, MSU COT - Great Falls, has already proposed to begin awarding an Associate in Applied Sciences (AAS) degree. The rationale for this proposed change is twofold:

1. The LPN's scope of practice is expanding. In order to prepare students for increasingly demanding practice responsibilities, the number of credit hours required has increased to the point where it falls clearly within the range intended for AAS programs.

2. The AAS degree is intended to prepare students for immediate entry to the workforce, but also offers a basis for articulation for those individuals who wish to upgrade their education and skill levels to the Associate in Science or Baccalaureate level, and for credit transfer for students who move within the state. The practical nursing programs are structurally similar to other AAS programs in the system.

The task force recommends that the Regents require all of Montana's practical nursing programs to begin awarding the AAS degree within the next decade. Although increasing program length and, in some cases, upgrading faculty qualifications, will necessarily increase costs to students, there is consensus among all five program directors that the change is warranted in order to maintain a well qualified practical nursing workforce. Programs in Billings, Butte and Great Falls are ready to make the transition to the AAS. Helena and Missoula see the AAS as appropriate for the future of practical nursing but will require more time for the transition.

The task force also recommends that practical nursing programs adopt a common core of nursing content and sequence of nursing courses. Educators need to formulate the core of nursing course content that will be the same across all five programs, with a goal of having all nursing course credit transferable. Outside the common nursing core content, e.g., in general education requirements, the programs need not be the same. Ultimately, education, service and regulation need to agree on competencies that LPNs must demonstrate upon exit from education and entry to service.

Although the perceived shortage of LPNs is not as severe as that of RNs, the fact remains that LPNs are in relatively short supply. There is reason to believe the shortage will worsen in the foreseeable future, particularly in nursing home and

home health settings. *Therefore, the task force does not recommend a reduction in the size or number of LPN programs in the state.*

Associate Degree Nursing (RN)

As with the practical nursing programs, there is considerable variation among Montana's three associate degree RN programs. Salish-Kootenai and MSU-Northern award the Associate in Science degree, while Miles City Community College offers the AAS. Salish requires entering students to have completed CNA training. Credit hours range from 66 (SKC) to 72 (MSU-N), and while it is possible to complete each program in two years, students frequently take longer to do so--most often because they are working while enrolled. Graduates of all three programs sit for the NCLEX-RN exam in order to earn licensure to practice as a registered nurse. Exam pass rates vary, as do retention rates. All three programs are accredited by the National League for Nursing.

For LPNs who wish to further their education, MSU - Northern offers an LPN/RN curriculum, consisting of 64 credit hours and generally taking four semesters (plus interim and summer) beyond the practical nursing education to complete the associate degree. However, although no precise statistics are available, LPN program directors believe that the majority of students are going out of state for LPN-RN articulation. It appears that access and ease of transfer with minimum duplication/repetition of coursework drive students' decisions, rather than cost.

Traditionally, associate degree RNs are the heart and hands of nursing, providing competent and compassionate patient care at hospital bedsides. In view of the increasingly complex systems and settings of care, however, the federal Division of Nursing (Department of Health and Human Services) has recommended restructuring the RN workforce, with a goal of having two-thirds hold the baccalaureate degree by the year 2010. The task force survey also indicates increasing demand for baccalaureate nurses in Montana. It is encouraging that more than 50% of MCCC RN graduates complete the BSN within seven years of graduation. Also, Northern offers a BSN completion program for associate degree RN=s, and Salish-Kootenai plans to initiate a baccalaureate nursing program within the year.

The task force recommends that all Montana associate degree nursing programs offer the AS degree. The AS degree is designed to enable graduates to enter the workforce but emphasizes transfer to a baccalaureate program. Besides providing for consistency of the degree taxonomy as practical nursing programs begin to award the AAS, this recommendation is designed to facilitate educational mobility of registered nurses.

The task force also recommends that associate degree programs promote educational mobility by agreeing on a common core of nursing course content and sequence of nursing courses to be offered. As at the PN level, this core will facilitate credit transfer for students wishing to move laterally, as well as vertically, within the system. The common educational core should be based on

outcome measures, i.e., the competencies that associate degree RNs need to be able to demonstrate as they enter service. These competencies need to be determined in partnership with education and regulation.

Further, the task force recommends that each associate degree RN program partner with a baccalaureate nursing program, with the goal of making baccalaureate education accessible at each site. All three associate degree programs serve populations whose access to further nursing education is limited. Whether baccalaureate education is offered on-site or via telecommunications, it is essential that it be available and accessible for continuing students. Partnerships will ensure that coursework is designed to transfer, minimizing duplication and increasing the likelihood that RN/Bac completion students will remain in Montana.

Baccalaureate Nursing (RN)

Generic baccalaureate nursing education is currently offered by Carroll College, which offers a bachelor of arts in nursing, and MSU - Bozeman, which offers a bachelor of science in nursing. Both MSU - Northern and MSU - Bozeman offer BSN completion programs for RN's, and Salish-Kootenai plans to add a BSN completion program within the year. MSU - Northern and MSU - Bozeman also offer options for LPN's who wish to complete the BSN. As with the other levels of nursing education, there are variations among the programs in outcome measures, such as pass rates on the NCLEX licensure exam, and in their educational philosophies. With massive changes in health care, curricula for baccalaureate programs are undergoing substantial revision nationwide. Carroll College and MSU - Bozeman both report major curriculum revision in progress.

Programs at Carroll and Northern are accredited by the National League for Nursing (NLN). Although long accredited by the NLN, MSU - Bozeman has elected to seek continuing accreditation through the Commission on Collegiate Nursing Education, a new accrediting body for baccalaureate and higher degree programs and in September 1998, will be one of the first institutions site visited by this new agency.

The task force recommends that baccalaureate programs work actively to promote educational mobility through articulation partnerships with associate degree and practical nursing programs. These partnerships may involve on-site delivery of coursework through shared or complementary faculty appointments or distance delivery with appropriate academic and clinical supervision. As the state moves toward differentiated practice, it will become increasingly important for LPNs to have options to move directly into baccalaureate education, as well as for RNs to enter both bachelor's and master's degree programs.

The task force also recommends that the baccalaureate programs adopt a common core of nursing course content and sequence for nursing courses leading to the bachelor's degree. While there are significant differences between generic and career ladder approaches to the teaching of nursing, all baccalaureate

nurses must be able to demonstrate the same competencies in the workplace. Working in partnership with service and regulation, education needs to outline these competencies and formulate a core curriculum to support their development. The AACN Baccalaureate Essentials document provides a useful framework for this effort, and can be adapted for use in Montana.

Graduate Nursing

MSU - Bozeman offers a graduate program leading to a Master of Nursing degree. The current program has a rural focus and prepares students to take the family nurse practitioner (FNP) national certification exam. Beginning in the fall of 1999, the College of Nursing will administer the interdisciplinary Master in Health Administration (MHA) program in collaboration wit the College of Business and the College of Education, Health and Human Development in Bozeman and in concert with the health administration graduate program at MSU Billings.

The task force recommends that the MSU - Bozeman College of Nursing investigate the possibility of an RN to Master's program. For some registered nurses who do not currently hold a bachelor's degree, the ultimate goal is a graduate degree. The task force believes that for these potential students, a mechanism needs to be developed that recognizes and encourages the attainment of this goal through advanced placement.

Articulation Plan

In its final session, the task force outlined a plan whereby nursing programs can achieve articulation within the stated credit guidelines for each type of degree envisioned. Note: Exceptions to the Regents' policy on state supported credits may be requested for students whose nursing education and career paths require articulation from AAS-PN to BSN-RN.

Possible New Directions in Nursing Education Programs

Educators also outlined for each other a series of hopes and plans for new directions in programming at each site. These plans are included here not as a stated commitment, but as a springboard for further discussion of some ways in which nursing education in Montana could be strengthened.

Program	Role and Purview	Potential New/Expanded programming
MSU - Bozeman	Generic BS in Nursing Graduate Education RN/Bac Upper division campuses in Billings, Great Falls, Missoula, with clinical facilities at each site	LPN/Bac & RN/Bac (system programs) RN/Masters Upper division campus in Bozeman
MSU - Northern	Career Ladder Program LPN - ASRN ASRN - BSN Clinical facilities in Havre, Great Falls, Lewistown	Distance education sites in Great Falls, Glasgow, Lewistown, Billings, Kalispell LPN/Bac & RN/Bac (system programs) Relationship with Bozeman
MSU COT - Billings	Practical nursing Clinical facilities in Billings	AAS - PN Partnership for BSN
MSU COT - Great Falls	Practical nursing Clinical facilities in Great Falls being evaluated	AAS - PN AS - RN (partner with MSU - Northern) Collaborative agreements
UM COT - Butte	Practical nursing Documented clinical facilities	AAS - PN One-yr. bridge to AS Partnership for BSN
UM COT - Missoula	Practical nursing Clinical facilities in Missoula	AAS - PN Partnership for LPN - ASRN
UM COT - Helena	Practical nursing	AAS - PN
Carroll College	Generic BA in Nursing	
Miles Community College	AAS - RN (should become AS - RN)	Partnership for BSN Telecommunications for non-nursing coursework
Salish-Kootenai College	AS - RN Adequate clinical facilities Precepting 2nd year to final semester	BSN (2+2) LPN - ASRN

NURSING PRACTICE AND REGULATION

As noted above, the task force discovered that an important key to resolving long-standing issues in nursing education was to look beyond education itself to nursing practice and regulation.

Montana's Nurse Practice Act does support differentiation of roles (LPN, AS-RN, BSN-RN) by level of education, and educators are already anticipating and accommodating more pronounced shifts by revising their curriculum. Employers on the task force reported that there is value in differentiated practice, especially in rural settings, but unless there is a felt need on the part of employers, it is unlikely that there will be concerted movement in that direction.

At the present time there is very little, if any, incentive for employers to differentiate practice, especially in hospital "bedside" nursing roles, as opposed to public health or community-based "curbside" nursing roles. As noted above, costs and reimbursements drive decision-making. Differentiated practice can even be a liability, e.g., at the collective bargaining table. Perhaps the deepest resistance to differentiated practice comes simply from institutional inertia, as organizational support systems make it possible to avoid change.

Advantages of differentiated practice include increased clarity of roles and scope of practice, as well as coordination with and between education programs. Differentiation rewards professionalism and promotes accountability. Task force members identified several possible avenues to reinforce the rationale for differentiation of practice. Each of these is already happening in some settings, suggesting that differentiation is already occurring to some degree.

- Facilities can clarify job descriptions based on scope
- New roles, e.g., case manager, can be implemented more fully
- Employers can develop point systems for hiring and promotion, with education as a component
- Ads can list "BSN preferred."

Perhaps the most effective tool for promoting differentiation in the near-term future will be ***education and dialogue***. ***Guidelines on competencies and roles*** that will undergird changes in scope, will also be helpful. The task force also recommended ***creating new opportunities for partnership***, e.g., externships for faculty renewal, whereby faculty would have the opportunity to rotate through a variety of practice settings.

CONCLUSION: THE UNFINISHED AGENDA

Much remains to be done in the coming year. The task force, or a group that will constitute its successor, needs to continue these efforts. Task force members agreed that the sponsorship of the OCHE had provided a useful, neutral umbrella for discussion of difficult topics and hope that it can be maintained. Following are "agenda items" for the next phase.

1. Delineate specific roles and competencies of nurses at each of the three levels of education. This work, which can build on available models (Colorado articulation plan, Healing Web, Baccalaureate Essentials), will form the basis for subsequent work on curriculum and scope of practice. Bring education, service and regulation to the table for these discussions.

2. Having thus described the individual degree products needed, define a common core of nursing course content and sequence of nursing courses for each level of education. Maintain flexibility for entry criteria, while focusing on exit outcomes and assessment that will demonstrate the competencies needed for entry into practice at each level. Consider implications for faculty development.

3. Tie nursing practice to regulatory and consumer issues by enhanced collaboration. Propose changes needed, if any, in scope of practice.

4. Encourage broader dialogue with providers, nurses and consumer groups to provide education about the roles of nurses and to identify specific ways to promote and demonstrate differentiated practice in a variety of settings.

5. Promote partnerships between education and service that are designed to offer expanded clinical instruction sites, targeted to trends in practice.

6. Seek funding to expand access to educational programs through distance learning and through scholarship funds for nurses to seek further education.

7. Find ways to help health care consumers understand the changes in nursing and to change attitudes of "a nurse is a nurse is a nurse."

POST SCRIPT

A personal note to the Commissioner and Board of Regents from the task force:

What appeared to be an impossible task at the beginning became a goal that all members of the Task Force were committed to in the end. Disparate views and turf issues were put aside as we all began to look at the common good. We became aware that even though the Commissioner brought us together originally, we must continue our work to design nursing's "preferred future" because it is not only good for Montana consumers, it is good for nurses and nursing education as well. We saw the value of collaboration and cooperation rather than competition and vowed to continue the momentum in order to accomplish what we set out to do.

Leadership for the Future of Nursing

(presentation by Audrey Connor-Rosberg, MSU COT - Billings)

The final session of the task force focused on the significance of the group's work as it represented actual, vs. potential nursing education, service and regulation. As members acknowledged the work of the group and the leadership they had experienced within it, they recognized that the task the group was formed to address had evolved into something more. As leaders working together, task force members have the opportunity to direct the future of nursing in Montana.

Leadership, they recognized, is the quality that ties together the actual and the potential, and provides the energy for movement from one state to another.

Leaders can retard movement by negatively approaching changes in vision and mission, and expending energy on asides that do not move nursing forward. Leaders can block change by focusing on and protecting their individual status quo and refusing involvement in the visionary changes suggested. Leaders can provide that dynamic movement forward by committing to the proposals outlined their energy, their leadership, and their creative artistry.

As we prepare our report to the commissioner, will there be those of us who are so committed to the potential outcomes of the recommendations that we will step up and volunteer to be part of that leadership group that offers to continue on in the pursuit of what the Montana Nurses Association calls nursing's "preferred future"? We don't need anyone's permission or charge to continue the work begun here. We can individually and collectively be part of the leadership that energizes the actual and potential nursing practice toward the future.